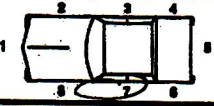
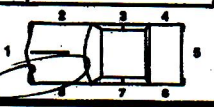


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2015-12322		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: DAY 07 120 12015 Monday		TIME: MILITARY 2041	
CRASH OCCURRED ON Warren County Fairgrounds parking lot - 665 N. Broadway				WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE	
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. /		NO OF OCCUPANTS /		<input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT		INSURANCE CO OR AGENT		Westfield National			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Kurtz, Tabitha Michelle				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1157 Algonquin Dr. Lebanon, OH 45036							
PHONE NO. 513-228-0316		BIRTH DATE 1 26 98		AGE 17		SEX F		SOCIAL SECURITY NO.		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Kurtz, August		BIRTH DATE m D Y		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
VEH YR 2000		MAKE Chevy		MODEL Silverado		COLOR Black		STYLE TR		STATE OH	
LICENSE PLATE NO. EFL9037		TOWING SERVICE N/A		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 0		<input type="checkbox"/> OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT		INSURANCE CO. OR AGENT		Brower Insurance			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Dierkers, Kristine				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 9730 Maineville Road Loveland, OH 45140							
PHONE NO.		BIRTH DATE m D Y		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Dierkers, Kristine		BIRTH DATE m D Y		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
VEH YR 2009		MAKE Ford		MODEL Edge		COLOR Silver		STYLE SW		STATE OH	
LICENSE PLATE NO. GBE4825		TOWING SERVICE N/A		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		POSITION	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		INJURIES	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		CONDITION	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		RESTRAINTS	
A B C		INJURED TAKEN TO		By		A 8 B C D E F		ALCOHOL		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
D E F		INJURED TAKEN TO		By		A 1 B C D E F		DRUGS		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
A B C		OFFENSE CHARGED AND DESCRIPTION		A 1 B C D E F		TESTED 0 TESTED		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
D E F		OFFENSE CHARGED AND DESCRIPTION		A 1 B C D E F		TESTED 0 TESTED					
A B C		OFFENSE CHARGED AND DESCRIPTION		A 1 B C D E F		TESTED 0 TESTED					
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